

# MONTHLY TOUR FEE

BL#

NAME:

DBA:

ADDRESS:

Month \_\_\_\_\_

Year \_\_\_\_\_

1. Total # of patrons in Walking tours.....(WK 09).....
2. Total # of patrons in Carriage tours (Carriage Companies Only)....(CG 09) .....
3. Total # of patrons in Small bus tours (Small Bus Companies Only)...(MV 09).....
4. Total # of patrons in Motor coach tours.....(MV 09).....
5. Total of patrons in Private passenger auto tours ...(MV 09) .....

A. Totals (Lines 1 through 5)..... (A).....

## B. Exemptions

6. School Groups Patrons.....
7. Free-Lance Tours Under Other Companies .....
- 8.. Complimentary Tours.....

Total Exemptions (lines 6 Through 8)..... (B-).....

9. Total patrons subject to Tour fee(Subtract line B from Line A).....
  10. Fifty cents (.50) X total Patrons..... (x).....50.....
  11. TOTAL.....
  12. PENALTY(If received after the 15<sup>th</sup> of the month-10% of fee or \$10.00 whichever is greater).....
- TOTAL PAYMENT & PENALTY DUE**.....

I attest that the information stated on this form is true and accurate and is being submitted under penalty of perjury.  
The supporting records are available to substantiate this information.

Signature

Date

## **QUARTERLY TOUR FEE**

BL#  
NAME:  
DBA:  
ADDRESS:

Quarter \_\_\_\_\_

Year \_\_\_\_\_

1. Total # of patrons in Walking tours.....(WK09)
2. Total # of patrons in Carriage tours (Carriage Companies Only)...(CG 09).....
3. Total # of patrons in Small bus tours (Small Bus Companies Only)...(MV 09).....
4. Total # of patrons in Motor coach tours.....(MV 09).....
5. Total # of patrons in Private passenger auto tours ...(MV 09).....

**A. Totals (Lines 1 through 5).....(A)\_\_\_\_\_.**

### **B. Exemptions**

6. School Groups Patrons .....-#\_\_\_\_\_.
7. Free-Lance Tours Under Other Companies....-#\_\_\_\_\_.
- 8.. Complimentary Tours.....-#\_\_\_\_\_.

**Total Exemptions (lines 6 Through 8).....(B-)\_\_\_\_\_.**

9. Total patrons subject to Tour fee(Subtract line B from Line A).....

10. Fifty cents (.50) x total patrons.....(x) .50\_\_\_\_\_.

11. **TOTAL**.....

12. **PENALTY**(If received after the 15<sup>th</sup> of the month-10% of fee or \$10.00 whichever is greater)...\_\_\_\_\_.

**TOTAL PAYMENT & PENALTY DUE.....\$\_\_\_\_\_.**

I attest that the information stated on this form is true and accurate and is being submitted under penalty of perjury. The supporting records are available to substantiate this information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Joseph P. Riley, Jr.  
Mayor

City of Charleston  
South Carolina

Alan D. Horres, Jr.  
Director

Revenue Collections Division  
**2% Hospitality Tax**

**Business License Number:**

**Name:**

**DBA:**

**Address:**

**Address:**

**LOCATION:**

*Computation of Hospitality Tax:*

*This return reports sales for the month of : \_\_\_\_\_*

- |  |          |
|--|----------|
| 1. Gross Proceeds of Sales<br>(All prepared food and beverages)              | 1. _____ |
| 2. Line 1 x 2% (.02)   | 2. _____ |
| 3. Balance Due   | 3. _____ |
| 4. Penalty (25% if not filed by 20 <sup>th</sup> day of the following month) | 4. _____ |
| 5. Total Hospitality Tax and Penalty Due                                     | 5. _____ |

*I attest that the information stated on this form is true and accurate and records are available to substantiate this information.*

-----  
**SIGNATURE**

-----  
**DATE**